

UCC-1 Form

FILER INFORMATION

Full name: **WOLTERS KLUWER LIEN SOLUTIONS**

Email Contact at Filer: **CTLSWEBACK@WOLTERSKLUWER.COM**

SEND ACKNOWLEDGEMENT TO

Contact name: **LIEN SOLUTIONS**

Mailing Address: **P.O. Box 29071**

City, State Zip Country: **GLENDAL, CA 91209-9071 USA**

DEBTOR INFORMATION

Org. Name: **BAJA'S EXPRESS, LLC**

Mailing Address: **481 DYER AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **BAJA'S FRESH GRILL, LLC**

Mailing Address: **481 DYER AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **BAJA'S FRESH GRILL II, LLC**

Mailing Address: **481 DYER AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **BAJA'S FRESH GRILL III, LLC**

Mailing Address: **481 DYER AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **BAJA'S TEX MEX EXPRESS, LLC**

Mailing Address: **481 DYER AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **DB ENTERPRISES, LLC**

Mailing Address: **481 DYER AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **MBA ENTERPRISES, LLC**

Mailing Address: **481 DYER AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **BAJA'S TAQUERIA, INC.**

Mailing Address: **481 DYER AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

Org. Name: **TEX MEX GRILL, INC.**

Mailing Address: **481 DYER AVENUE**

City, State Zip Country: **CRANSTON, RI 02920 USA**

SECURED PARTY INFORMATION

Org. Name: BANK RHODE ISLAND

Mailing Address: ONE TURKS HEAD PLACE

City, State Zip Country: PROVIDENCE, RI 02903 USA

TRANSACTION TYPE: STANDARD

CUSTOMER REFERENCE: RI-0-89302799-65039807

COLLATERAL

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